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ABSTRACT

Educational programs in the clinical laboratory sciences are responsible for producing professionals who can function in new environments. In addition, it is the responsibility of all individuals in the profession, regardless of professional role/function to assume the role of educator to prepare students in a way that is appropriate and useful to what is needed in real life. Recent federal legislation and related regulations, such as Diagnosis Related Groups (DRG's) and the Tax Equity and Fiscal Responsibility Act (TEFRA) will provide those in clinical laboratory sciences with exciting opportunities to achieve this goal, including more opportunities to assume roles as laboratory administrators/managers. Whatever the outcome in Washington, advances in science/technology will continue to be made, and these advances must be reflected in the scientific/technical preparation of clinical professionals. New attitudes, skills (including communication skills), and knowledge will be needed. Although TEFRA and DRG's (the basis on which most hospitals will receive Medicare reimbursement) are a significant opportunity to move into professional roles, there are some potential dangers associated with them, especially for hospital/university-based educational programs. These dangers are elucidated so that those involved in educational activities can develop legitimate economic arguments to pursuade administrators to maintain programs. (JN)

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THE IMPACT OF FEDERAL LEGISLATION ON EDUCATION IN THE CLINICAL LABORATORY SCIENCES

Presented at ASMT Annual Meeting
Los Angeles, CA

June 1983

by

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I must say, that I am by no means an expert on the future and what is coming and so, I am no expert on just exactly what effects will be felt by our educational programs. Federal legislation and regulation, however, will certainly help shape that future. To the extent that we can interpret recent actions at the federal level, we can come somewhat closer to figuring out what the impact will be on education in the clinical laboratory sciences. There is no question that, whatever the future brings, educational programs will have the responsibility of producing professionals who can function in the new environments which will result. If anything, we educators must try to stay half a jump ahead because there is some lag time involved. To produce a practitioner who is functional at a given point in time we must already have in place a curriculum which produces such functional competence. Given the fact, then, that educational programs must reflect real life, and contemporary, changing real life at that, we educators must have the advice and counsel of those who function <u>everyday</u> in real life--lab managers, supervisors and staff techs; otherwise we educators may get sidetracked or diverted, and we will all end up with brand new graduates who are unprepared for the work at hand. I'd like to suggest, then, that we are <u>all</u> educators, regardless of our primary professional role or function. All of us as professionals have a responsibility to see to it that we reproduce our own kind in a way that is appropriate and useful to what is needed in real life.

Real life, of course, changes and eventually becomes the future, only one day at a time, fortunately, so that we do have a chance to mold and shape that future in a way more to our liking--if we are willing to do so. Indeed we are here today discussing just how to do that and what our roles are and have been

within a professional association.

Recent federal legislation and related regulations provide us in the clinical laboratory sciences with the most exciting opportunity that has ever come our way: a gigantic first step towards a future which more equitably allocates resources and rewards to people like us, who deserve more than we've been getting; a gigantic step towards our goal of becoming captains of our own destinies. But like all true opportunities, there is some risk involved, because if we fail to seize the moment or fail to take advantage of the opportunity, then we could end up worse off than we are now.

One of the first things I hope all of us in our role of educators are doing for our students is helping them want to become captains of their own destinies; helping them to become willing to risk a little to gain a lot; helping them to learn how to exert influence on what their professional lives will be like; so that those lives will be more rewarding and satisfying in the future than perhaps they have been in the past. This is an extremely important point, because unless things change, we educators may find ourselves with no one to educate. This way of life that means so much to us may have little attraction for the young people of the future unless our profession can be perceived to be a rewarding and satisfying one, and one over which we have some control, rather than being controlled by other professions or groups.

What lies ahead that recent federal actions can give us clues about? TEFRA and the upcoming DRG's will create a new environment in which we as clinical laboratory scientists will have more opportunity to assume roles as lab administrators and managers. Why? Because we have the skills to function in these roles and frankly, we are cheaper help. Even if our salaries were doubled, hospitals would still save money. Hospital administrators may not always be entirely clear, however, on how our assuming these roles can save them money, because the laws and their regulations are complex. We have to help them under-

stand. Moreover, in order to effect continuing cost containment in health care there will be increased health policy making by the government at all levels, and clinical laboratory scientists will of necessity have to be effective participants in this process. Industry and other "for profit" organizations will become more involved in the management of laboratories and hospitals, and clinical laboratory scientists must be able to successfully interact with a variety of individuals whose backgrounds and professional orientations are quite different from ours. Finally, as scarce resources become even more scarce, successful competition will occur among those who can perform a variety of functions and roles and who have the background and the skills to change: those who are cockroaches rather than dinosaurs. For those of you who think you wouldn't like being either one, let me remind you that despite whatever negative attributes cockroaches may have, they have managed to survive and flourish for millions of years. Dinosaurs, on the other hand, mighty specialists of the grandest sort, somehow lost their capacity to change and adapt and so perished quickly when their surroundings changed.

With respect to educational effects, I have purposefully omitted mentioning the scientific and technological changes which will occur at an ever increasing rate because they will occur whatever the outcome of events in Washington, and certainly our educational programs will have to reflect the "real world" of such changes. But I especially want to warn you that unless our curricula of the near future include more than just this kind of scientific/technical preparation we will fast become an endangered species, just as the dinosaur did. The results of our success in Washington will be to require competence in the other areas I've mentioned--areas that at present probably get pretty short shrift in most contemporary medical technology programs.

What sorts of knowledges and skills and attitudes will this new environment require and that all of us as educators will have to provide to students?

Communication skills are certainly among the foremost. Our graduates in the near future must be able to effectively convey information, but more importantly, meaning to hospital administrators, physicians, public officials and corporate executives. And if the movement toward ambulatory care centers continues, we must add patients and the public in general to this list--which is certainly not all inclusive, but perhaps gives you some idea of the variety and range of people with whom we must be successful. Communication skill includes not only fluency and precision in speaking and writing but also something that has been called accurate empathy--the ability to accurately read and respond to a need felt by someone else; an ability to adopt a win/win approach to interactions with others; and perhaps, most important, to convert feelings of anger or hostility into some positive problem solving action instead of impotence and frustration.[1]

Along with interpersonal skills, the successful competitor in the job market of the future must have certain cognitive skills. Among the foremost of these is the ability to conceptualize, to process one's experience in some meaningful way so that some sort of order can be brought to the chaos which always surrounds us. And especially there must be an ability to see the many sides of a controversial issue, including the points of view we don't agree with.[1] Unless we can do this we will not be able to mediate or negotiate with others in order to arrive at workable solutions. Unless we can climb outside a problem and view it creatively we are doomed to persist only in solutions that have been tried--and they don't always work. We will be unable to adapt to changing environments.

To produce these kind of individuals I suspect that our educational processes must become something very different than what they are now. How much time is now spent in your current curriculum in developing general problem solving skills in your students? How much time is spent helping students learn divergent ways of viewing a situation or a problem instead of always approaching things from a conformist point of view? How much practice do our students get in presenting a

cogent, well thought out argument for a particular position? How much time do we devote to helping them acquire the so-called management skills, including those of an interpersonal nature? Do we spend any time helping them to understand the social, economic and political forces that impact on the clinical laboratory?

No doubt you've thinking that "I can't do all that--my students must learn to do differentials or identify microorganisms or whatever. After all, students must be able to function in a job as soon as they graduate". Yes, they must, but they also have to be able to survive tomorrow, to successfully compete in a world that will be very different from the one we know today. Perhaps new graduates don't have to be quite so polished technically when we turn them loose. I don't mean incompetent, but certainly not expert. Somehow we must find a way to help them learn how to learn and how to cope. Job security will depend on effectiveness as well as efficiency and an ability to generalize and adapt. I don't know exactly how we're going to do it, but we must.

And we must do it in an environment where cost savings are going to be everything. Which brings me to the other side of the coin--the dangers that are inherent in any significant opportunity. TEFRA and DRG's are a significant opportunity for us to move into the professional roles we say we want, but they also have some dangers associated with them, especially for eduational programs, both hospital and university based.

Let me start with the potential hazards for hospital based programs because they may be felt sooner and more directly, particularly with respect to DRG's. It must also be said that no one really knows what effect DRG's will have after Oct. 1, because there are no regulations out as yet. But we do have the legislation itself to guide us in our speculations and the experience of a few states such as New Jersey which have utilized DRG's for several years.

DRG's are to be the basis on which most hospitals will receive Medicare

reimbursement and probably private insurance reimbursement as well. DRG's represent clusters of medical conditions which consume hospital resources such as personnel time of nurses, med techs, pharmacists and others; supplies, food, drugs, equipment, plant maintenance, etc. Consumption of these resources differs depending on what is the matter with the patient: an uncomplicated childbirth in the maternity section consumes fewer resources than an acute myocardial infarction in coronary care. Since a dollar value can be placed on the cost of the consumed resources, each DRG has a certain cost (on the average) associated with it. It is this cost which Medicare will reimburse, and the total reimbursement a hospital gets is based on the number and types of DRG's represented by the discharges from any given hospital. Since Medicare won't reimburse more than this, a hospital will pretty much know at the beginning of its fiscal year (because it knows its historical case mix) how much Medicare or other insurance money it will have for the coming year. The hospital must provide patient care, pay hospital based physicians, conduct educational programs, pay salaries-everything it wants to do-within this finite dollar amount. If a hospital has been running pretty lean and mean, real costs may be under the average amount set by the government--in which case the hospital will get some share of the savings. But probably most hospitals will have to get leaner and meaner in order to avoid costs which exceed the reimbursement they'll get. In a word, most hospitals are going to have to cut costs somewhere, and very little will be sacred. It occurs to me that educational programs for medical technologists and others may be on the cost cutting list unless the educators involved can make a logical and cogent argument for keeping them. We should be very clear about the fact that the only thing that's going to make sense to an administrator from now on is an economic argument. For example, can you demonstrate that staff recruitment costs for lab personnel would go up if the educational program were closed? Can you lower costs by sharing facilities or lectures or whatever with other programs in your area? Whatever argument you can bring to bear which demonstrates the economic value of your program, or at the least its lack of economic harm, is your best bet.

Perhaps you should consider becoming part of a university program rather than trying to continue on your own, if it comes to that. I know this is a controversial issue, but when survival is at stake, it may be better to survive in some form rather than disappear altogether.

This does not mean that university and community college based programs are not at some risk. Most such programs do not pay their affiliated hospitals for the use of their clinical sites for instruction. Hospital administrators may look to this source, if they haven't already, for added revenue to the hospital. This will be a great problem for educational institutions, certainly publicly supported ones, since they have been without adequate resources for some while now. Program officials will have to try to show that the presence of students does not add to the costs of running the lab, and to the extent that the same amount of patient work gets done without added staff for teaching, this can be shown. The economics of staff recruitment may be a useful argument as well.

The point is that all of us directly involved in educational activities (and even those indirectly concerned simply because they're professionals who care about who's coming behind) are going to have to be sharp and alert enough to develop legitimate economic arguments to pursuade administrators that our programs are worth keeping, if indeed they are worth keeping. I would be less than candid if I did not acknowledge that some of us may discover that we are unable to demonstrate the worth of our programs to a sufficient degree. As unpleasant as this is to contemplate, it is even more terrible to consider that some of these unfortunate events may come about because some of us are not skilled at gathering and presenting data which prove the worth of our educational efforts. Frankly, many of the skills that our graduates need for the future are the very ones we need now in order to preserve the programs worth preserving. Fortunately, we have a little lead time since the full impact of DRG's won't be felt for some months. With this forewarning we should be putting

forth every effort now to prepare for the exciting challenges ahead so that decisions about education in the clinical laboratory sciences are made for the right reasons rather than the wrong ones.

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S-1 PLACEMENTS FOR FALL QUARTER 1982
SECOND FOUR WEEK PLACEMENTS

HASTINGS MIDDLE SCHOOL (Upper Arlington)

Jim Cash.....Sandy Whisler
Terri Johnson.....Sue Roberts and Dann Oliver
Mike Mathaes.....Tera Holliday and Peter Berge
Claudine Williams....Paul Morrow and Nancy Ary

JONES MIDDLE SCHOOL (Upper Arlington)

Susan Leach.....Kathy McGlone and Steve Podlasiak
Carolyn Farnsworth...Michelle Justement and Diane Williams
Jackie Hutchings.....Jim Wood and Lois Wheeler

SOUTH HIGH SCHOOL (Columbus)

Larry O'Flynn.....Jaye Schutz
Jack Miller.....John Lane and Rose Blanchard
Reggie Rose.....Cheryl Lane and Phil Lampe

EAST HIGH SCHOOL (Columbus)

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Shirley Gary.....Dan Aden and Marty Kotter
Emmett Riordan .....Eric Keller and Joyce Orndorff